SEP 27 1928

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Wayne Registration District No. 891 File No. 29554

Township Upton Primary Registration District No. 4540 Registered No. 18

City (No. St. Ward)

2. FULL NAME Rebecca H. Bartch

(a) Residence. No. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Bartch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/25/1862

7. AGE Years 66 Months 1 Days 23 If LESS than 1 day, ...hrs. or ......min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont, Mo.

PARENTS

10. NAME OF FATHER Alford Graham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Elizabeth Mulliaty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT J. W. Bartch
(Address) Piedmont, Mo.

15. FILED 8/19 1928 Dr. T. C. Peles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928, to Aug 18, 1928, that I last saw her alive on Aug 18, 1928, and that death occurred, on the date stated above, at 10:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
31

(duration) ......yrs. ......mos. ......ds.

CONTRIBUTORY (SECONDARY)

(duration) ......yrs. ......mos. ......ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Piedmont, Mo.

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Diagnosis

(Signed) T. C. Peles, M.D

, 19 (Address) Piedmont, Mo.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fletcher Cem. DATE OF BURIAL 8/19 1928

20. UNDERTAKER Yates Mdl. Co. ADDRESS Piedmont, Mo.